

Petty Officer Bill Mulder. It is a small consolation for his family, but I think they know his memory can live on by helping other veterans. I encourage all Members to support this legislation.

Madam Speaker, I yield back the balance of my time.

Mr. TAKANO. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, before I begin my closing comments, I want to correct my remarks. I misunderstood. Chief Petty Officer Bill Mulder is deceased, and so I mean no disrespect to his family. We certainly are honored to have this piece of legislation carry his name in the hopes that it is going to serve many more veterans.

In his memory, I am most honored and privileged to make sure that this legislation passes.

□ 1615

Madam Speaker, I want to thank Mr. LEVIN and Mr. BILIRAKIS for these necessary improvements to the Transition Assistance Program. A testament to their work is the broad support they received from committee members on this bill, and I look forward to their future work on this as they continue to focus on and redefine the program.

Madam Speaker, I ask my colleagues to join me in passing H.R. 2326, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore (Mrs. BEATTY). The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 2326, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### SUPPORT FOR SUICIDE PREVENTION COORDINATORS ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2333) to direct the Comptroller General of the United States to conduct an assessment of the responsibilities, workload, and vacancy rates of Department of Veterans Affairs suicide prevention coordinators, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2333

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Support for Suicide Prevention Coordinators Act”.

#### SEC. 2. COMPTROLLER GENERAL ASSESSMENT OF RESPONSIBILITIES, WORKLOAD, AND VACANCY RATES OF DEPARTMENT OF VETERANS AFFAIRS SUICIDE PREVENTION COORDINATORS.

(a) ASSESSMENT REQUIRED.—The Comptroller General of the United States shall conduct an assessment of the responsibilities, workload, training, and vacancy rates

of Department of Veterans Affairs suicide prevention coordinators. Such assessment shall include a determination of—

(1) the extent to which the use and staffing of suicide prevention coordinators varies between Department facilities; and

(2) the extent to which the Secretary provides oversight of suicide prevention coordinators.

(b) REPORT TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Comptroller General shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report containing the findings of the assessment required by subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Tennessee (Mr. DAVID P. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

#### GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 2333.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, according to the National Suicide Data Report for 2005–2016, approximately 20 veterans, Active Duty servicemembers, and members of the National Guard and Reserves die by suicide each day.

This rate is disproportionately higher than that of the civilian population. Of those 20 a day, 14 are not enrolled in the VA healthcare system. Part of the VA’s effort to combat veteran suicide is by strengthening the role of the suicide prevention coordinator. The VA is the only healthcare system that has full-time employees dedicated to suicide prevention.

Suicide prevention coordinators identify high-risk veterans and ensure they receive appropriate care, conduct outreach, and promote awareness and best practices within the VA system. As of April 2019, the VA had approximately 444 suicide prevention coordinators stationed at medical centers across the country.

These coordinators manage care for almost 30,000 veterans who are high risk for suicide, in addition to managing their other duties as assigned.

In fiscal year 2018, these coordinators conducted more than 20,000 outreach events, reaching almost 2 million people. During the oversight trips to VA facilities, VA committee staff heard from coordinators who are overworked and struggled to keep up with their casework.

Last week, I visited the Atlanta VA Medical Center and one of three Veterans Crisis Line call centers. Last year, the Atlanta VA crisis line received 3,600 referrals. The Atlanta suicide prevention team is staffed with

only eight social workers and one employee for administrative support to respond to all crisis line referrals and approximately 200 veterans identified as high risk for suicide.

Let me repeat that. They have eight social workers to manage 3,600 referrals and 200 high-risk patients a year. This team does all it can to keep up with the staggering number of referrals, but they simply do not have the capacity to conduct outreach to veterans in the community who may need help.

Suicide prevention team staffing shortages in Atlanta and at VA medical facilities across the country is why H.R. 2333, introduced by Congressman BRINDISI, is so important.

It would direct the Government Accountability Office to access the workload and vacancy rates of VA suicide prevention coordinators. This report is essential to better informing Congress of the current state of suicide prevention coordinators, the resources at the facilities where they work, and the challenges they face in addressing the needs of our most vulnerable veterans.

The role of these coordinators is vital to combating veteran suicide, and this report will illustrate where the gaps in care delivery exists, especially for the clinicians, social workers, and suicide prevention coordinators working on the front lines.

I fully support this bill and I really want to thank Mr. BRINDISI for championing this legislation, and I urge my colleagues to vote “yes” on H.R. 2333.

I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2333, the Support for Suicide Prevention Coordinators Act. This bill would require a Government Accountability Office report on the responsibilities, management, workload, training, and vacancy rates of Department of Veterans Affairs suicide prevention coordinators. The VA employs at least one suicide prevention coordinator in every VA medical center to coordinate, care for, and conduct outreach to servicemembers and veterans at risk of suicide.

These men and women are on the front lines of the fight against the tragic loss of 20 of our Nation’s servicemembers and veterans every day to self-harm. We must ensure that they are appropriately staffed, supported, and overseen as they go about their difficult and incredibly important work. Passage of the Support for Suicide Prevention Coordinators Act today will help us do just that.

This is a bipartisan bill sponsored by several members of the Veterans’ Affairs Committee, including Congressman JIM BANKS from Indiana, ranking member of the Subcommittee on Technology Modernization; Congressman MIKE BOST of Illinois, the ranking

member of the Subcommittee on Disability Assistance and Memorial Affairs; Congressman STEUBE from Florida, a member of both the Disability Assistance and Memorial Affairs Subcommittee, and Health Subcommittee.

I am grateful to each of them, as well as the bill's lead sponsor, Congressman ANDY BRINDISI from New York, for their efforts.

Madam Speaker, I encourage all Members to join me in supporting H.R. 2333, and I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield 4 minutes to the gentleman from New York (Mr. BRINDISI), my good friend and the author of H.R. 2333.

Mr. BRINDISI. Madam Speaker, I rise today in support of H.R. 2333 and taking action to address the crisis of veteran suicide.

As we know too well, data from the Department of Veterans Affairs indicates that 20 veterans die from suicide every day. I want to thank Chairman MARK TAKANO, and Ranking Member PHIL ROE for their bipartisanship and their commitment to addressing this crisis and bringing these bills to the floor today for a vote.

One area we have to get right is the work of VA's suicide prevention coordinators. Suicide prevention coordinators are the face of the VA's efforts to combat veteran suicide. They identify high-risk veterans and ensure they receive appropriate care. They conduct outreach and promote awareness and suicide prevention best practices within the VA.

However, many suicide prevention coordinators report being overworked and unable to keep up with their many responsibilities. In an effort to improve suicide prevention and mental health resources at the VA, I introduced H.R. 2333, the Support for Suicide Prevention Coordinators Act with my friends on the other side of the aisle, Congressman BANKS, and Congressman BOST.

Clear Path for Veterans, which is a veteran service organization in my district doing incredible work to engage with and support veterans after they return home from service described this bill very well.

They said:

In the last decade, a large number of bills and initiatives have come out of Washington, D.C. aiming to combat veteran suicide. While all great in concept, we have not seen a huge change in suicide rates.

H.R. 2333 is a great way to measure what is effective, what is not, and how the VA should pivot on what they are currently doing to better meet the mental health needs of the veterans they serve.

The Support for Suicide Prevention Coordinators Act would help ensure prevention coordinators have the resources they need to effectively provide veterans with critical mental health resources to prevent future veteran suicides.

Specifically, this bill would require the Comptroller General of the United States to conduct an assessment of the responsibilities, workload, and vacancy

rates of the Department of Veterans Affairs suicide prevention coordinators and submit a report to Congress within 1 year.

It is critically important that we provide our suicide prevention coordinators with the resources they need to successfully address the veteran suicide epidemic, and I believe this bill is a good step toward making sure that happens.

Again, I thank the committee for their bipartisan work. Taking care of our veterans is the responsibility that belongs to each of us, and I urge my colleagues to support this important legislation and all of the veterans bills on the floor today.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. BOST), my good friend, the previous chairman and now ranking member on the Disability Assistance and Memorial Affairs Subcommittee, and a Marine veteran. I have seen this Marine drink from the Devil Dog fountain in Belleau Wood.

Mr. BOST. Madam Speaker, I thank Ranking Member ROE and Chairman TAKANO for allowing this piece of legislation to move forward.

As a veteran, first off, let me say this: I couldn't be prouder than to serve on the Veterans' Affairs Committee with the men and women we serve with because we get the opportunity to actually, hopefully, make a difference in those veterans' lives.

Twenty veterans commit suicide every day, and as was mentioned a while ago, that number hasn't changed much. So clearly, the current situation is not good enough.

We need to think differently about veteran suicide. President Trump recently took action on this issue. Now Congress is too, and it is vitally important that we do. We are acting in a bipartisan manner.

I am honored to stand with the gentleman from New York in supporting this legislation to improve the VA's suicide prevention coordinators.

Veteran suicide isn't a Republican or Democrat issue, and I am proud of the work we have been doing to try to help our veterans. They deserve our help, and, hopefully, with this bill, they are going to get it.

We have to turn the tide on our veterans that are committing suicide around this Nation at the level that they are. We have to do everything we can.

This bill, I believe, was a step in the right direction. I believe that we should pass it to the Senate as quickly as possible, and the Senate should then move forward, and then it should be implemented.

Mr. TAKANO. Madam Speaker, I yield myself such time as I may consume.

As I said in my remarks related to Mr. BRINDISI's legislation, I visited the Atlanta VA Medical Center and it receives 3,600 referrals per year from the

Veterans Crisis Line, which is the highest number of crisis line referrals any individual veteran medical center receives nationwide.

I know that at the medical center itself that there is a 22 percent vacancy rate among mental health professionals. They have lost eight psychiatrists across their hospital and outpatient clinics since the beginning of the year. Staff who resigned have cited salaries and workload stress as their main reasons for leaving the VA.

Mr. BRINDISI's legislation goes to, however, the position of suicide prevention coordinators, and currently, the coordinators at this particular medical center are staffed up, but we are trying to figure out where these staff coordinator positions across the country may be vacant or insufficient because we know these crisis lines are being used. We have to make sure that we have the coordinators to respond to them.

But in addition to that, we need coordinators to do the outreach events to reach those veterans who are not connected with the VA. So the VA medical center in Atlanta is just one example of the staffing shortages in VA hospitals and clinics throughout the country. We know that beyond the stress and strain of our psychiatrists and of our suicide prevention coordinators, which Mr. BRINDISI's bill addresses, there are nearly 50,000 vacancies at VA.

If we want to fully address the veteran suicide crisis in this country, we need to make sure that suicide prevention teams are sufficiently staffed and do more to address mental health clinician understaffing.

Mr. BRINDISI's legislation is a significant step in making sure all of this happens.

Madam Speaker, I reserve the balance of my time.

□ 1630

Mr. DAVID P. ROE of Tennessee. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I encourage all Members to support this piece of legislation.

I, too, have visited Canandaigua, which is in New York, which is a call center, and I think this committee is doing everything it can in a bipartisan way to help lower this unbelievable rate of 20 suicides per day.

Madam Speaker, I encourage all Members to support this piece of legislation, and I yield back the balance of my time.

Mr. TAKANO. Madam Speaker, I certainly appreciate the partnership and the spirit of the ranking member of the committee in addressing this national crisis of veteran suicide, and H.R. 2333 is an essential and significant step that we are taking to address this crisis.

Madam Speaker, I ask all my colleagues to join me in passing H.R. 2333, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, as a long-time advocate for veterans' well-being

and resources, I rise today in strong support of H.R. 2333, the "Suicide Prevention Coordinators Act."

I support H.R. 2333 because this legislation will provide much needed assistance to the VA to reduce the incidence of suicide among our veterans. The "SPCA" provides DVA suicide prevention coordinators with the resources needed to effectively do their job of providing veterans with critical mental health resources to veterans in need.

Madam Speaker, veteran suicide is a pervasive and critical issue, threatening, and in to many heartbreaking cases, taking the lives of many of our heroes.

Although, the Department of Veterans Administration has screening protocols designed to aid veterans and to stage suicide interventions, about 6,000 veterans fall through the cracks of this system annually, finding themselves without the necessary aid and resources that were promised to them.

Many suicide prevention coordinators and offices specializing in veterans affairs report being overworked and unable to keep up with the demand for their services.

On average, about 20 veterans die every day by suicide and since 2017, 25 veterans have taken their lives on the grounds of Veterans Affairs hospitals, including seven this year and at least four last month. These veterans were actively seeking help from an unprepared and under resourced agency before they took their lives.

It is long past time for Congress to provide the help needed to address the troubling increase in veteran suicides and help improve suicide prevention and mental health resources at the at DVA.

It is imperative that the DVA has the tools it needs to serve every veteran that walks through the door.

The "Suicide Prevention Coordinators Act" would require the Comptroller General to assess the responsibilities, workload, and vacancy rates of the Department of Veterans Affairs Suicide Prevention Coordinators and report it to Congress within one year, on the ability of the DVA to detect and protect veterans from self-harm.

It is critically important that we provide suicide prevention coordinators with the resources needed to successfully combat the troubling trend of veteran suicide, and I believe this bill is a necessary step in the right direction.

Madam Speaker, it is unconscionable that a veteran will commit suicide every hour.

The fact that veterans make up just 20 percent of the male population, yet veterans make up close to 32 percent of all male suicides is shocking and must spur our action.

It does not have to be this way, Madam Speaker, and we can do something about it, starting with the passage of H.R. 2333, the "Suicide Prevention Coordinators Act."

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 2333.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

## FOSTERING INTERGOVERNMENTAL HEALTH TRANSPARENCY IN VETERAN SUICIDES ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2340) to direct the Secretary of Veterans Affairs to provide to Congress notice of any suicide or attempted suicide of a veteran in a Department of Veterans Affairs facility, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2340

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Fostering Intergovernmental Health Transparency in Veteran Suicides Act" or "FIGHT Veteran Suicides Act".*

### SEC. 2. CONGRESSIONAL NOTICE OF SUICIDES AND ATTEMPTED SUICIDES OF VETERANS IN DEPARTMENT OF VETERANS AFFAIRS FACILITIES.

*Section 1720F of title 38, United States Code, is amended by adding at the end the following new subsection:*

*"(1) CONGRESSIONAL NOTICE REQUIREMENTS.—(1) In the case of the suicide or attempted suicide of any veteran that occurs in, or on the grounds of, a Department facility, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives and the Senators and member of Congress representing the district in which the facility is located and the Senators and member of Congress representing the district in which the veteran resides the following notices:*

*"(A) Not later than seven days after the date on which the suicide or attempted suicide occurs, notice of—*

*"(i) the suicide or attempted suicide; and*

*"(ii) the name of the facility and location where the suicide or attempted suicide occurred.*

*"(B) Subject to subparagraph (C), not later than 60 days after such date, notice of the following information (if available) regarding the veteran who committed or attempted to commit suicide:*

*"(i) The enrollment status of the veteran with respect to the patient enrollment system of the Department under section 1705 of this title.*

*"(ii) The most recent encounter between the veteran and any employee or facility of the Veterans Health Administration before the suicide or attempted suicide occurred.*

*"(iii) Whether the veteran had other medical insurance or coverage (including TRICARE, Medicare, and Medicaid).*

*"(iv) The Armed Force in which the veteran served.*

*"(v) The time period when the veteran served in the Armed Forces.*

*"(vi) The age of the veteran.*

*"(vii) The marital status of the veteran.*

*"(viii) The employment status of the veteran.*

*"(ix) The housing status of the veteran.*

*"(x) The gender identity of the veteran.*

*"(xi) The sexual orientation of the veteran.*

*"(xii) The race of the veteran.*

*"(xiii) Confirmation that the Secretary has provided notice to the immediate family members of the veteran regarding any Department support or assistance for which such family members may be eligible.*

*"(C) In collecting and reporting information under subparagraph (B), the Secretary shall take all steps the Secretary determines necessary to respect the privacy and dignity of the veteran and the family of the veteran.*

*"(2) Each notice submitted under subparagraph (A) or (B) of paragraph (1) shall include a copy of guidance developed by the Secretary*

*for purposes of dissemination that is designed to—*

*"(A) deter the sensationalism of suicide;*

*"(B) provide information regarding warning signs that are often exhibited by veterans at risk of suicide; and*

*"(C) provide notice of the resources the Department offers to veterans who may be at risk of suicide, including the Veterans Crisis Line and readjustment counseling provided through Vet Centers."*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Tennessee (Mr. DAVID P. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

### GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2340, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, since the beginning of this year, seven—seven—veterans have died by suicide in or on the grounds of VA facilities. Sadly, another suicide occurred at a VA hospital in Washington just this weekend.

Currently, VA staff notify both the House and Senate Committees on Veterans' Affairs of the events as a matter of courtesy; however, should the Department's leadership change, there is no assurance this courtesy would continue.

I have made veteran suicide prevention the top priority for the Committee on Veterans' Affairs because 20 suicides a day is far too many. One suicide is far too many. But to address this alarming trend, Congress must be informed when a suicide occurs on a VA campus and must be provided all relevant data.

This information will allow the committee to conduct appropriate oversight, write legislation that will improve outcomes, and, when necessary, hold individuals accountable when there are clear failures that impact the timely and adequate care for veterans.

As such, H.R. 2340, as amended, the FIGHT Veteran Suicides Act, would require the VA Secretary to notify Congress following an attempted or a completed suicide by a veteran in or on the grounds of a VA facility.

This measure also requires VA to provide Congress with communications guidance to deter the sensationalism of suicide, provide information on identifying the warning signs often exhibited by veterans at risk of suicide, and identify resources offered by the Department for at-risk veterans, including the Veterans Crisis Line and Vet Center readjustment counseling.

It is essential that this information be shared, regardless of leadership at